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## \*BIBDATASHEET\*

CONFIRMATION NO. 8942

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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *W-18*

This application is a CIP of 10/712,366 11/13/2003

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *None*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 02/26/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY PA	SHEETS DRAWING 5	TOTAL CLAIMS 27	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged	Examiner's Signature <i>W. A. D.</i>	Initials	

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TITLE

Packaging label having a tear away spine

FILING FEE  RECEIVED 513	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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